

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Honesty	CHAPTER 100.1
Address: 775 Analio Street, Wailuku, Hawaii 96793	Inspection Date: October 11, 2019 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA